

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22/CALIFORNIANS TO PROTECT LOCAL TAXPAYERS AND VITAL SERVICES, A COALITION OF TAXPAYERS, PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION, AREA CODE/PHONE NUMBER (415)389-6800			<b>Date of This Filing</b> 08/18/2010 <b>Report No.</b> 90DAY#307 <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) <b>No. of Pages</b> 2		Date Stamp  Page 1 of 2		<b>CALIFORNIA FORM 497</b> For Official Use Only	
I.D. NUMBER (if applicable) 1322292								
STREET ADDRESS								
CITY SAN RAFAEL		STATE CA	ZIP CODE 94901					

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/18/2010	RENNE SLOAN HOLTZMAN SAKAI, LLP San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22/CALIFORNIANS TO PROTECT LOCAL TAXPAYERS AND VITAL SERVICES, A COALITION OF TAXPAYERS, PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION,			<b>Date of This Filing</b> 08/18/2010	Date Stamp   Page 2 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1322292	<b>Report No.</b> 90DAY#307			
STREET ADDRESS			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>No. of Pages</b> 2		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: